

PLATELETS

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Initial Care in the Immediate Postburn Period

The magnitude of the injury in a burn patient depends both on the depth of the burn and its extent. And as far as burn wound depth goes for hospital care, the important differentiation is between partial (or second degree) burn and third degree burn, in which all skin appendages have been destroyed and some grafting is required for definitive coverage. This is important in terms of function and of need for grafting. More important in the initial care is the extent of burn which can be most readily assessed, using the rule of 9's where various anatomical divisions of the body represent 9 percent or a multiple thereof (the upper limb is 9, lower limb is 18, anterior or posterior trunk 18 each, head and neck 9, perineum and genitalia 1).

In the initial care of a burn patient, one directs his attention to establishment of a secure intravenous pathway for the administration of resuscitation fluids; determination of the need for a tracheostomy (and that is seldom today); the need for an escharotomy . . . ; tetanus immunization (a booster if the patient has had prior active immunization; otherwise, begin active immunization and give hyperimmune tetanus antiserum). Now, in the only instance where wound care takes any precedence at all is in the case of patients with chemical injuries where the severity of the burn depends not only upon the concentration of the agent to which there has been exposure but also upon the duration of contact. And in patients with chemical burns, immediate dilution of the offending agent with copious water lavage should be carried out.

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